Fill	in this information to i	dentify your ca	ase:									
Del	btor 1 1	Гracia Knigl	nt									
	btor 2											
Uni	ited States Bankruptcy	Court for the	EASTERN DISTRICT	OF PENNSYLVANIA	A							
Cas	se number 19-11	1738					Check if this is:					
(If kr	nown)						An amende	d filin	g			
							A suppleme			postpetition llowing date:	chapter	
0	fficial Form 1	<u> 1061</u>					MM / DD/ Y	YYY	•			
S	chedule I: Y	our Inc	ome								12/15	
spo atta	use. If you are separ ch a separate sheet to be scribe E Fill in your employ	ated and you to this form.	are married and not filii r spouse is not filing wi On the top of any additi	ith you, do not inclu onal pages, write yo	de infor	mati	on about your spo I case number (if I	use. know	If moi	re space is in a swer every	needed,	
	information.			Debtor 1				Debtor 2 or non-filing spouse				
	If you have more that attach a separate particular information about according to the second	age with	Employment status	<ul><li>■ Employed</li><li>□ Not employed</li></ul>			☐ Emplo	•	⁄ed			
	employers.		Occupation	Care Giver								
	Include part-time, se self-employed work.		Employer's name	Kencrest Service	ces							
Occupation may include student or homemaker, if it applies.			Employer's address	960 A Harvest D Blue Bell, PA 19								
			How long employed the	here? 15 year	rs							
Pai	rt 2: Give Detai	Is About Mor	thly Income									
	mate monthly incomuse unless you are se		ate you file this form. If y	you have nothing to r	eport for	any	line, write \$0 in the	space	e. Incl	ude your nor	n-filing	
	ou or your non-filing sp e space, attach a sepa		ore than one employer, co	ombine the informatio	n for all	empl	oyers for that perso	n on t	the lin	es below. If y	ou need	
							For Debtor 1			tor 2 or ng spouse		
2.			ry, and commissions (becalculate what the month)		2.	\$	4,357.00	\$_		N/A		
3.	Estimate and list n	nonthly overt	ime pay.		3.	+\$	0.00	+\$		N/A		
4.	Calculate gross Inc	come. Add lir	ne 2 + line 3.		4.	\$	4,357.00	\$	\$	N/A		

Official Form 106l Schedule I: Your Income page 1

Deb	tor 1	Tracia Knight	_	C	Case number (if kr	nown)	19-1	1738		
					For Debtor 1			Debtor		
	Cor	by line 4 here	4.		\$ 4,357	7 00	nor \$	n-filing s	pouse N/A	
	00,	by line 4 here	٠.		Ψ	.00	Ψ_		11//	-
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a		\$ 1,132		\$_		N/A	_
	5b.	Mandatory contributions for retirement plans	5b		. —	0.00	\$_		N/A	_
	5c. 5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c. 5d			3.00 ).00	\$_ \$		N/A N/A	_
	5e.	Insurance	5e		:	1.00	<b>\$</b> -		N/A N/A	_
	5f.	Domestic support obligations	5f.			0.00	\$		N/A	_
	5g.	Union dues	5g			0.00	\$		N/A	_
	5h.	Other deductions. Specify:	_ 5h	.+	\$	0.00	+ \$_		N/A	-
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	:	\$1,669	00.6	\$_		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	:	\$2,688	3.00	\$_		N/A	_
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a		\$	0.00	\$		N/A	
	8b.	Interest and dividends	8b		\$	0.00	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$	0.00	\$		N/A	
	8d.	Unemployment compensation	8d		·	).00	\$-		N/A	_
	8e.	Social Security	8e		·	0.00	\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$	0.00	\$		N/A	_
	8g.	Pension or retirement income	8g			0.00	\$_		N/A	_
	8h.	Other monthly income. Specify:	_ 8h	.+	\$	0.00	+ \$_		N/A	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		0.00	\$_		N/A	A
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	2,688.00	+ \$		N/A	= \$	2,688.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		_	_,,	L				_,
11.										
12.		It the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certainlies						. 12.	\$	2,688.00
13.	Do	you expect an increase or decrease within the year after you file this form	2							y income
١٥.		No.	•							
		Yes. Explain: issues with patients & covid.								

Official Form 106l Schedule I: Your Income page 2

Fill	in this informa	ation to identify yo	our case:								
Debtor 1 Tracia Knight  Debtor 2 (Spouse, if filing)						Check if this is:  ■ An amended filing □ A supplement showing postpetition chapter 13 expenses as of the following date:					
Unit	ted States Bank	kruptcy Court for the	: EASTE	RN DISTRICT OF PENNS	YLVANIA		MM / DD / YYYY				
	se number <u>1</u> nown)	9-11738									
		orm 106J • <b>J: Your</b>	Evnor	nege.				12/1			
Be info	as complete ormation. If n	and accurate as	possible. eded, atta	If two married people ar ch another sheet to this				or supplying correct			
Par		ribe Your House	hold								
1.	<b>□</b> 1	to line 2.  es Debtor 2 live		ate household? al Form 106J-2, <i>Expense</i> s	s for Separate House	ehold of Deb	otor 2.				
2.	Do you hav	ve dependents?	■ No								
	Do not list I Debtor 2. Do not state dependents		☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?  No Yes No Yes No Yes No Yes No			
3.	expenses of	penses include of people other t nd your depende	han 👝	No Yes				☐ Yes			
exp	imate your e	a date after the l	our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp							
the		ch assistance an		government assistance i luded it on <i>Schedule I:</i> \			Your exp	enses			
4.		or home owners and any rent for th		ses for your residence. I r lot.	nclude first mortgage	e 4. :	\$	610.00			
	If not inclu	ded in line 4:									
	4b. Prope 4c. Home	estate taxes erty, homeowner's e maintenance, re	pair, and u	ıpkeep expenses		4a. 4b. 4c.	\$	0.00 0.00 0.00			
5.		eowner's associat mortgage paym		dominium dues o <b>ur residence,</b> such as ho	me equity loans	4d. 5		0.00			

ebtor 1 Tra	cia Knight	Case number (if known)	19-11738
Utilities:			
	tricity, heat, natural gas	6a. \$	200.00
6b. Wat	er, sewer, garbage collection	6b. \$	100.00
6c. Tele	phone, cell phone, Internet, satellite, and cable services	6c. \$	90.00
6d. Othe	er. Specify:	6d. \$	0.00
Food and	housekeeping supplies	7. \$	400.00
Childcare	and children's education costs	8. \$	0.00
Clothing,	aundry, and dry cleaning	9. \$	60.00
Personal	care products and services	10. \$	70.00
Medical a	nd dental expenses	11. \$	80.00
	ation. Include gas, maintenance, bus or train fare.	40. 0	200.00
	ude car payments.	12. \$	200.00
	nent, clubs, recreation, newspapers, magazines, and books	13. \$	0.00
	contributions and religious donations	14. \$	0.00
. Insurance			
15a. Life	ude insurance deducted from your pay or included in lines 4 or 20.	15a. \$	0.00
	insurance Ith insurance	15b. \$	0.00
	cle insurance	15c. \$	
	cie insurance er insurance. Specify:	15d. \$	204.00
	not include taxes deducted from your pay or included in lines 4 or 20.	13u.	0.00
	ncome taxes deducted from your pay or included in lines 4 or 20.	16. \$	170.00
· · -	nt or lease payments:		170.00
	payments for Vehicle 1	17a. \$	0.00
	payments for Vehicle 2	17b. \$	0.00
	er. Specify:	17c. \$	0.00
17d. Othe	• •	17d. \$	0.00
	nents of alimony, maintenance, and support that you did not report	•	
deducted	from your pay on line 5, Schedule I, Your Income (Official Form 106		0.00
. Other pay	ments you make to support others who do not live with you.	\$	0.00
Specify:		19.	
	property expenses not included in lines 4 or 5 of this form or on So		
	gages on other property	20a. \$	0.00
	estate taxes	20b. \$	0.00
	perty, homeowner's, or renter's insurance	20c. \$	0.00
	ntenance, repair, and upkeep expenses	20d. \$	0.00
	neowner's association or condominium dues	20e. \$	0.00
Other: Spe	ecify:	21+\$	0.00
Calculate	your monthly expenses		
	nes 4 through 21.	\$	2,184.00
	line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-		2,104.00
			0.404.00
ZZC. Add II	ne 22a and 22b. The result is your monthly expenses.	\$	2,184.00
Calculate	your monthly net income.		
23a. Cop	y line 12 (your combined monthly income) from Schedule I.	23a. \$	2,688.00
23b. Cop	y your monthly expenses from line 22c above.	23b\$	2,184.00
	tract your monthly expenses from your monthly income.	00 -	E0.4.00
The	result is your monthly net income.	23c. \$	504.00
For example	pect an increase or decrease in your expenses within the year after a, do you expect to finish paying for your car loan within the year or do you expect y to the terms of your mortgage?		crease or decrease because of a
	Evaluis have dehter needs new yehiele		
Yes.	Explain here: debtor needs new vehicle		